

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

APR 16 2019

IN THE UNITED STATES DISTRICT COURT
FOR THE Southern DISTRICT OF TEXAS
HOUSTON DIVISION

David J. Bradley, Clerk of Court

Santos V. Hernandez
Plaintiff's Name and ID Number

Wichita Falls County Jail
Place of Confinement

CASE NO. _____
(Clerk will assign the number)

v.

corr. dept. staff
Defendant's Name and Address

med. dept. staff
Defendant's Name and Address

ORCAR RUEDA, from TDCJ SD all red unit now in
Defendant's Name and Address State hospital and in county jail
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: 1-15-2015
 2. Parties to previous lawsuit: for life destruction
 Plaintiff(s) I has been on gas chambers since 1998
 Defendant(s) at corr. dept staff
 3. Court: (If federal, name the district; if state, name the county.) state court
 4. Cause number: I remember it not
 5. Name of judge to whom case was assigned: Judge
 6. Disposition: (Was the case dismissed, appealed, still pending?) none
 7. Approximate date of disposition: none disposition

II. PLACE OF PRESENT CONFINEMENT: _____

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ___ YES ___ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: COUNTY Jail of Wichita Falls TX
P.O. Box 8226 Wichita Falls TX 76307

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: OLGA RUEDA

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

has destroyed my life using gas chamber

Defendant #2: med. dept., state hospital has put
cholesterol in my food and

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

has made to me physical vitality subtract

Defendant #3: OFFICER PALM at TDCJ-SD Jailred
unit used gas chamber against me

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

and at physical vitality subtract has
them made money

Defendant #4: med. dept. staff on TDCJ-SD as at
COUNTY Jail med. dept.

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

introducing my physical vitality at others
at med. treatment has made money

Defendant #5: STAFF named GONZALEZ

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

stating of communication do use those
gas chamber and has destroyed my
life

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Since 1998 I was on TDCJ-SD and did start listen anything throwed on me on SPANAS, it be gas chamber stuff used as like communication, are laser magnetic stuff "gas chamber" it has been used to do at me physical vitality subtract and has DESTROY my life

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. to plea me out of gas chamber vitality subtract and for the court make to the med. dept. and TDCJ-SD to response for this life destruction complaint

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

JASE DANIEL mendoza GALDAMEZ and Santos V. Hernandez

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

none or other depts. but 1983 form were presented in Wichita Falls 78th district court on date 1-15-2015

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ~~NO~~

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: none assigned

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? _____ YES ☒ NO

C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES _____ NO


D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): _____

2. Case number: none were assigned

3. Approximate date warning was issued: unknown

Executed on: _____
DATE




SANTOS V. Hernandez
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 11 day of APRIL, 20 2019
(Day) (month) (year)



SANTOS V. Hernandez
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.



WCSO INMATE GRIEVANCE FORM

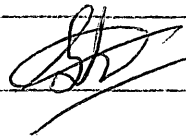
Name: <u>SANTOS V. Hernandez</u>		Booking #: <u>AE 8672</u>	Tank/Cell: <u>817</u>
Date: <u>4-5-2019</u>	Time: <u>atand night</u>	State your grievance below:	
<p>my grievance is filed requesting to county jail staff to place me to out of gas chamber physical vitality subtract be on gas chamber by staff OSCAR RHEIDA, GONZALEZ, PALM and others including any ranking as any staff in med. dept.</p> <p>Sincerely Thanks because after of gas chamber used to do some subtract laser stuff strike my heart and cause me laserations in my testicles why all grievances that I file aren't processed I file grievances and day and night I remain in the same situation?</p>			
Inmate Signature: <u>[Signature]</u>			# of additional pages attached: _____
<p>***INMATE--DO NOT WRITE BELOW THIS POINT OR ON BACK OF THIS PAGE*** (Except if appealing Board Decision)</p>			
Receiving Supervisor: _____	Date: _____	Time: _____	<input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Non-Emergency <input type="checkbox"/> Complaint <input type="checkbox"/> Grievance
Received: _____	Grievance Number: _____	Due Date: _____	@12:00

Name: <u>SANTOS V. Hernandez</u>		Booking #: <u>8676 *A</u>		Tank/Cell: <u>8/7</u>	
Date: <u>3-20-2019</u>		Time: <u>day and night</u>		State your grievance below:	
<p>THIS grievance is submitted request- STING TO BE put out of PHYSICAL VITALITY subtract by used gas chamber compl- ter stuff act of TDCJ-ID counsel for offenders whom has involved staff of all gangs in Texas it being gas chamber is against me by accept no to do execution contract for they and her to obtain the us for fun never will & to accept an issue as she stated nor relation ship with her and with them, using it as a communication tell me that med. dept. have money for me by has I been physical vitality subtract on th- is are chronic infected staff in county jail doing to me subtract on it I dying slow Thanks for answer my grievance because-</p>					
Inmate Signature: <u>[Signature] S. Hernandez</u>				# of additional pages attached: <u>1</u>	
Receiving Supervisor: <u>[Signature] 3920</u>		Date: <u>3/21/19</u>	Time: <u>0350</u>	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Complaint
				<input checked="" type="checkbox"/> Non-Emergency	<input type="checkbox"/> Grievance
Received: <u>[Signature]</u>	Grievance Number:	Assigned to:			
Due Date: <u>@12:00</u>	Findings of the Grievance Board:				
<p><u>Complain.</u></p>					
Board Chairman: <u>[Signature]</u>		Date: <u>3/21/19</u>	DO YOU WISH TO APPEAL?		Appeal Date: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Jail Administrator/Designee: _____			Date: _____		
Signature					
Appeal Decision: <input type="checkbox"/> Affirmed		<input type="checkbox"/> Reversed: _____			
		Signature		Date	

those gas chamber stuff is through laser
magnetic striking my life
on TDCJ & D prisons it were again st me
since 1998 until 2013 and since 2013 on
county jail, state hospital being no sufficient
life destruction by gas chamber on state
hospital at food did they put cholesterol
now I have cholesterol and the med dept.
shoul put me low cholesterol food me I
be at hunger strike some times I can no
eat pork, no gorilla nor elephant meat and
if the grievance officer communicate with
the appropriate person I'll be grateful.

Sincerely to you
Santos V. Hernandez.

Signature:





WCSO INMATE GRIEVANCE FORM

INMATE COPY

Name: <u>SANTOS hernandez</u>		Booking #: <u>AE 8672 #2</u>		Tank/Cell: <u>817</u>	
Date: <u>3-12-019</u>		Time: <u>AM/PM</u>		State your grievance below:	
<p>this grievance is directed into the attention of the person who tranfered me to state hospital I was having no cholesteron atme on state hospital it were introduced on me through food the in state hospital had me on cholesteral medicine here & do no receive it no more wht I dono know thanks for you assistance!</p> <p>my number in arm bend can no be read</p>					
Inmate Signature: <u>[Signature]</u>				# of additional pages attached: _____	
Receiving Supervisor: <u>CPL. Dh400</u>		Date: <u>3-13-19</u>	Time: <u>0226</u>	<input type="checkbox"/> Emergency	<input type="checkbox"/> Complaint
				<input checked="" type="checkbox"/> Non-Emergency	<input checked="" type="checkbox"/> Grievance
Received: <u>3/13/19</u>		Grievance Number: <u>AE8672 #2 #10</u>		Assigned to: <u>Board</u>	
Due Date: <u>3/23/19 @12:00</u>		Findings of the Grievance Board:			
<p>10-day SENT IN.</p> <p style="text-align: center;">UNFOUNDED</p>					
Board Chairman: <u>[Signature]</u>		Date: <u>28 Mar 19</u>	DO YOU WISH TO APPEAL?		Appeal Date: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Jail Administrator/Designee: <u>[Signature]</u>		Date: <u>3/29/19</u>			
Appeal Decision: <input type="checkbox"/> Affirmed <input type="checkbox"/> Reversed: _____					
Signature				Date	

INMATE COPY



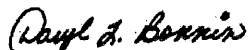
MEMORANDUM FOR RECORD

Subject: Response to inmate grievance AE8672 *2 #10.

28 Mar 19

To: Captain L. Patterson, Jail Administrator

1. On 13 Mar 19 a review of Grievance AE8672 *2 #10 written by inmate Hernandez, Santos was started.
2. On 28 Mar 19, a Grievance Board was assembled to hear the circumstances surrounding the grievance of inmate Hernandez. The Grievance Board consisted of D. Bonnin, Grievance Officer, sitting as Board Chairman, and R. Huff, Civil Division Clerk, sitting as Board Member.
3. In the grievance inmate Hernandez alleges that he is not receiving the medications that were prescribed to him while he was at the State Hospital.
4. According to a written response from the Health Services Administrator, Kindra Perry, On 19 Mar 19 a request was sent to MHMR to have the inmate seen for mental health treatment. There have been two follow-up calls with no scheduled appointment at this time from MHMR. All the medications that came in on the active medications list from the State Hospital were started and the inmate is currently getting those medications.
5. In light of the above information and in conjunction with the information contained in the inmate's medical treatment record, the Grievance Board has classified this grievance as UNFOUNDED.



Daryl L. Bonnin
Grievance Officer

Cc
Inmate File
Inmate

Grievance Board

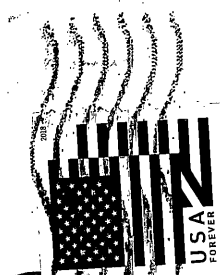
GARCAS V. Hernandez - A68672#2
2611 ann ex
P.O. BOX 8526
Wichita Falls TX 76304

United States Courts
Southern District of Texas
FILED

APR 16 2019

Inmate Correspondence
Wichita County, Texas
Detention Center
David J. Bradley, Clerk of Court

LEGAL MAIL
NORTH TEXAS TX PSDC
DALLAS TX 750
11 APR 2019 PM 5 L



UNITED STATE DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
POST OFFICE BOX 61010
HOUSTON TX 77208

77208-101010